

<b>DELINEATION OF PRIVILEGES - PHYSICIAN ASSISTANTS</b> <small>For use of this form, see AR 40-68; the proponent agency is OTSG (DA Form 5504A-R Must be Completed and Attached to this Form)</small>		REQUESTED BY	DATE
PRIVILEGES		RECOMMENDATIONS BY DEPT./ SVS. CHIEF	
<b>Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.</b>		<small>APPROVED REQUIRES QUAL. SUPRV. PER AR 40-48</small>	<small>NOT APPROVED</small>
<b>Specialty Areas (Check)</b>			
	1. Aviation medicine.		
	2. Dermatology.		
	3. Emergency medicine.		
	4. Family practice.		
	5. Orthopedics.		
	a. Outpatient.		
	b. Operating room.		
	6. Occupational medicine.		
<b>Non-Specialty Areas (Check)</b>			
	1. Ambulatory care clinic.		
	2. Combat and combat support battalions.		
	3. Field medical units.		
	4. Troop medical clinic.		
	5. Other (Specify)		
<b>Clinical Privileges (Check)</b>			
	1. Patient screening to determine need for medical care.		
	2. Supervision of immunizations (AR 40-562).		
	3. Nuclear surety evaluations (AR 40-501).		
	4. Temporary profiles (not to exceed 30 days).		
	5. Diagnose and treat minor illnesses (referral will be made to a physician for conditions which do not respond to therapy with the first visit or whose cause is not immediately determined). Excludes patients returning for treatment of chronic illnesses previously documented in their medical record.		
	a. Adult		
	b. Adolescent		
	c. Pediatric (over two years of age).		
	6. Outpatient history and physical examinations.		
	7. Prescribe and administer TAB approved medications (attach listing).		
	8. Order routine laboratory tests on blood, secretions, and urine.		
	9. Order X-rays of chest, abdomen, and extremities which do not require contrast material.		
	10. Other (Specify)		

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<b>Inpatient Clinical Privileges (Require Physician Review and Signature) (Check)</b>			
<input type="checkbox"/>	1. Admission histories.		
<input type="checkbox"/>	2. Physical examinations.		
<input type="checkbox"/>	3. Routine doctor's orders.		
<input type="checkbox"/>	4. Narrative summaries.		
<input type="checkbox"/>	5. Other (Specify)		
<b>Procedures (Check)</b>			
<input type="checkbox"/>	1. Wound care, debridement, and suturing of minor lacerations.		
<input type="checkbox"/>	2. Incision and drainage abscess.		
<input type="checkbox"/>	3. Urethral catheterization.		
<input type="checkbox"/>	4. Administer inhalation medications.		
<input type="checkbox"/>	5. Administer IV fluids to adults.		
<input type="checkbox"/>	6. Nasogastric and nasopharyngeal intubations.		
<input type="checkbox"/>	7. Stabilization of fractures.		
<input type="checkbox"/>	8. Other (Specify)		
<input type="checkbox"/>	9. Anesthesia		
<input type="checkbox"/>	a. Digital block.		
<input type="checkbox"/>	b. Intercostal.		
<input type="checkbox"/>	c. Local.		
<b>Exceptions (Recommended by Department/Clinic Chief)</b>			